

Division of Disability and Rehabilitative Services 402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083 1-800-545-7763

CIH Implementation Subcommittee Meeting Minutes

Date/Time: May 17, 2016 10:00am- 3:00pm

Place: Indiana Mentor

8925 N Meridian Street Indianapolis, IN 46260

Attendees:

Teresa Grossi – Subcommittee Chair	Janet Dieterly
Center on Community Living and Careers	Bona Vista Programs- Board Member/Parent
Cathy Robinson	Jill Dunn
BDDS	Bona Vista Programs, Inc.
Mark Robinson	Joy Greeney
BDDS	Advocacy Links, LLC.
Kelly Barnett	Jeff Frady
Arc of Evansville	Indiana Mentor
Kelly Kaufman	Clint Bolser
BDDS	Logan Community Resources, Inc.
Bethany Jasper	Kim Woods
Four Rivers Resources Services	BDDS
Kim Dodson	
The Arc of Indiana	

➤ Update

- Cathy Robinson provided an update from the Implementation Meetings
- Where we are now with the CIH waiver amendment
 - Questions on rate methodology from CMS
 - Working with vendor to get responses to CMS
 - Additional questions are expected from CMS
 - Earliest possible Implementation date is now April 2017

> Discussion



- Review the Individual Support Plan/Person-Centered Plan (ISP/PCP) document from Kentucky provided by Sabra Barnett
 - Group provided feedback on the example
- Kelly provided drafts of the BDDS Fact sheets; feedback received from the group
 - Consider symbols next to text (i.e., on Community Transition, security deposit symbol)
 - For Behavioral Support Services, it's important to include that families are part of the team that trains the staff and family on the individual's behaviors.
 - Include common exclusions (i.e., Behavioral Support Services not provided in school).
 - The photos need to match the service (i.e., Community Transition)
 - When final, photos will hopefully be of individuals receiving services (need signed releases). Most provider websites have these photos.
 - On the Extended Services fact sheet, the transportation bullet is incomplete
 - ARC will ask some of their families for feedback
 - A BDDS Newsletter is in the development stages: feedback received from the group
 - When distributing from DDRS listserv, newsletter must be appropriately titled so families know the info pertains to them. BDDS will work with its communications staff on this.
 - Include First Steps info to show progression from childhood through adulthood
 - Alternative means to distribute newsletter (social media, etc.) BDDS is working on this.
 - For those without access to technology, consideration of:
 - Regional face-to-face meetings with BDDS leadership, advocates, families, etc.
 - Setting up info booths within local communities (grocery stores, churches, restaurants, medical offices)
 - Providers can assist BDDS in getting the newsletter to families
 - Highlight specific stories of families/individuals (can use district office staff to assist with this)
 - Use graphic to show targeting progress
 - Address common questions, issues, concerns, etc.
 - If newsletter are distributed quarterly, can use the quarterly meetings with CMCOs/providers and families
- The Implementation group provided recommendations for the PCP
 - ISP and PCP should be combined into 1 document
 - There should be training for guidance in using the PCP
 - All diagnosis should be generated and not just 3 which is the current format
 - A larger employment focus is needed in the document
 - It should be possible to sign using an electronic signature

- Included the risk assessment in the document
- Level of Care Screening Instrument (LOCSI) needs added to ISP
- Discussion of high technical aspects of the ISP
 - Establish a group to address the technical issues of ISP
 - Joy has agreed to a part of this group
 - Reduce paperwork and acronyms
 - Group like items together to help with clarity
 - The LOCSI is only used in asking for an increase in level of care
 - Last page of ISP seems unnecessary, explore if it's a legal obligation
 - Risk mitigation tool needs to take into account time since last incident
 - Example: If a person is now 48 years old and hasn't had a seizure since age 3, tracking it may not still be necessary.

Intensive Support

- All IN state case managers take Advocare training which is not all accurate information
 - Beckie Minglin is spearheading Advocare training cleanup/revisions
- Have case managers that complement the services
- Intensive support coordinators need more specialized information and knowledge
- The state is making modifications to some training in CORE A & CORE B for case managers
- The group took a closer look at the required 20 hours of training and it relevance; read directly from the waiver (164pg)
- Workforce Shortage
 - The workforce shortage is as important as the service issue
 - Companies need more cost effective training
 - Exploring the possibility of consolidating training
 - How to solve the problem of staff turnover
 - Researching stipulations and restrictions in the hiring process
 - A revamping of job title and description to drawl more applicable candidates

> Task

Teresa is holding video until next month's meeting

> Next Meeting

June 16, 2016 10:00AM – 3:00PM – Indiana Mentor – 8925 N. Meridian Street, Suite #200 Indianapolis, IN 46260